

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000009416

Entity Name: NAVILLUS II, INC.

FILED
Mar 19, 2010
Secretary of State

Current Principal Place of Business:

12 SILVER SANDS ROAD
RAYMOND, ME 04071

New Principal Place of Business:

Current Mailing Address:

PO BOX 452
RAYMOND, ME 04071

New Mailing Address:

FEI Number: 65-0381514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORLICK, MICHAEL D
1314 EAST VENICE AVENUE, SUITE D
VENICE, FL 34292 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: VAN CAMPEN, KATHLEEN SULLIVAN
Address: 14 ROCKY POINT ROAD
City-St-Zip: ELIOT, ME 03903

Title: D
Name: COSTA, NANCY SULLIVAN
Address: 170 WARREN AVE
City-St-Zip: PLYMOUTH, MA 02360

Title: D
Name: SULLIVAN KINDLER, SHARON R
Address: 23 TURKEY HILLS ROAD SOUTH
City-St-Zip: WESTPORT, CT 06880

Title: D
Name: SULLIVAN, BRIAN E
Address: P.O. BOX 452 N/A
City-St-Zip: RAYMOND, ME 04071

Title: D
Name: SULLIVAN, SEAN PATRICK
Address: 8 FAIRVIEW CIRCLE
City-St-Zip: POMFRET CENTER, CT 06259

Title: D
Name: SULLIVAN, MARK D
Address: 112 FIELDSTONE CIRCLE
City-St-Zip: ITHACA, NY 14850

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN E SULLIVAN

PRES

03/19/2010

Electronic Signature of Signing Officer or Director

Date